

# City of Burien, Washington



400 SW 152<sup>nd</sup> St., Suite 300  
Burien, WA 98166

Phone (206) 241-4647  
Fax (206) 248-5539

## Employment Application

The City of Burien is an Equal Opportunity Employer. All employment practices shall be applied without regard to any individual's sex, race, color, creed, religion, national origin, pregnancy, age, marital status, veteran's status, sexual orientation, disability or any other basis prohibited by local, state or federal law.

<b>POSITION APPLIED FOR</b>	
-----------------------------	--

Thank you for your interest in the City of Burien as an employer. Only final candidates for posted openings will be contacted personally by the City.

<b>GENERAL INFORMATION</b>						
Name (last, first, middle initial)						
Street Address		City, State, Zip				
Phone No.		E-mail Address				
Are you a U.S. citizen or do you have a Visa permitting you to work in the U.S.? Proof of authorization will be required upon hire. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Can you perform the essential functions of the job with or without accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any relatives currently employed by the City of Burien?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, name: _____		Relationship: _____				
How did you hear about the position for which you are applying? (Check one) ____ Friend or relative      ____ City employee      ____ AWC JobNet ____ Newspaper ad      ____ City website      ____ City Job Hotline Which? _____ ____ Other Please specify _____						
<b>TRAINING AND EDUCATION</b>						
Circle the highest grade completed:	8	9	10	11	12	GED
Colleges/Other Training	Subject/Major	Degree/certificates		Date Completed		
<b>ADDITIONAL SKILLS</b> Describe skills relevant to the job for which you are applying.						
SKILL	TYPE OF EXPERIENCE			LEVEL OF EXPERTISE		
Office equipment, computers, software (typing speed, programs, etc.)						
Technical skills						
Professional licenses						
Heavy equipment, machinery						
Other						
<b>BACKGROUND INFORMATION</b> Each case is considered separately based on job duties and performance areas.						
Do you have a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No    Other State _____						
If position applied for involves driving, have you been convicted, pleaded no contention or paid a fine for any traffic violations in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:  						
Have you been convicted of a felony or served time in prison within the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: (Conviction will not necessarily bar you from employment.)  						

EMPLOYMENT HISTORY				
Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment, U.S. Military Service, and any non-paid experience related to the job for which you are applying. Attach separate sheets if necessary. <u>Resumes may be attached but will not be accepted as a substitute for completing this section.</u>				
Employer		Employed from:		To:
Address:		Supervisor		
Phone	Hours worked/week		Starting salary	
Position			Last salary	
Primary duties				
Number of employees supervised by you		May we contact this employer		Supervisor's phone
Reason for leaving				
Employer		Employed from:		To:
Address:		Supervisor		
Phone	Hours worked/week		Starting salary	
Position			Last salary	
Primary duties				
Number of employees supervised by you		May we contact this employer		Supervisor's phone
Reason for leaving				
Employer		Employed from:		To:
Address:		Supervisor		
Phone	Hours worked/week		Starting salary	
Position			Last salary	
Primary duties				
Number of employees supervised by you		May we contact this employer		Supervisor's phone
Reason for leaving				
Employer		Employed from:		To:
Address:		Supervisor		
Phone	Hours worked/week		Starting salary	
Position			Last salary	
Primary duties				
Number of employees supervised by you		May we contact this employer		Supervisor's phone
Reason for leaving				
Employer		Employed from:		To:
Address:		Supervisor		
Phone	Hours worked/week		Starting salary	
Position			Last salary	
Primary duties				
Number of employees supervised by you		May we contact this employer		Supervisor's phone
Reason for leaving				
PROFESSIONAL REFERENCES		Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance.		
Name	Place of Employment		Phone	

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by the City of Burien, for dismissal. I authorize the City of Burien to solicit information regarding my character, general reputation, criminal record, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release the City of Burien from any liability for future references it may provide regarding my work history at the firm.

I understand that employment with the Employer is “at-will”, which means that either the City or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Employer, other than the City Manager, has any authority to alter the foregoing.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

In order to ensure equal employment opportunities, the City of Burien requests your voluntary cooperation in completing the following questions. Your answers will be treated as confidential and will not be considered part of your application. A copy of the City of Burien’s EEOP short form is available for review upon request.

**Sex?**

- ☐ Female
- ☐ Male
- ☐ I do not wish to disclose

**Ethnic Group?**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Two or More Races
- ☐ I do not wish to disclose

**Are you an individual with a disability?**

- ☐ Yes
- ☐ No
- ☐ I do not wish to disclose